

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3309
Registrar's No. 4

Registration District No. 1076

Primary Registration District No. 5680

1. PLACE OF DEATH:

(a) County Livingston County
(b) City or town Hale RFD Fairview
(c) Name of hospital or institution:
Rural Home 3 Miles NW Hale Mo.
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community all her life
years, months or days

3. (a) PRINT FULL NAME Myrtle Lee Wimmer

3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. —

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Buell Wimmer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 21 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 16 If less than one day
hr. _____ min.

9. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chas Lates
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Anna E. Rollands
15. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Buell Wimmer
(b) Address 74 Hale, Missouri
17. (a) Burial (b) Date thereof 1 9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walton Missouri

18. (a) Signature of funeral director Clifford W. Austin
(b) Address TINA Mason
19. (a) Jan 8, 1941 (b) Mrs. Chas. Ludwig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Hale Missouri RFD #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. Born in U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 2
to Jan 7, 1941.
that I last saw her alive on Jan 2, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Untraceable sufficiency
Duration 2 days

Due to _____
Due to g.d. 10

Other conditions Felicit
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4/101 (Specify type of place) (e) Means of injury _____

23. Signature WPKemp (M. D. or other) D
Address Hale Mo Date signed Jan 7-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Clifford W. Austin

, Registered Apprentice No.

working under my personal supervision.

Signed

Clifford W. Austin

Licensed Embalmer No.

3233

P. O. Address

Tina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.